

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Report covers period

Date Stamp  
3/21/2014

CALIFORNIA  
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 001

☒ **Amendment** (Explain Below)  
Amend to add an additional expense

from 1/1/2013

through 12/31/2013

Date of election if applicable:  
(Month, Day, Year)

6/3/2014

Page 1 of 8

For Official Use Only

Report No 163104 ie

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
880212

COMMITTEE/FILER'S NAME

California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

Mr. Thomas W. Hiltachk

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814 (916) 442-7757

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Medi-Cal Funding and Accountability Act of 2014 AG#13-0022

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

CHECK ONE

SUPPORT

OPPOSE

X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

STATEWIDE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
12/30/2013	J. Moore Methods, Inc. Sacramento, CA 95814	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Polling	\$36,960.00	\$736,660.06
12/3/2013	Arno Petition Consultants Carlsbad, CA 92008	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Signature Gathering	\$200,000.00	\$736,660.06
12/31/2013	Arno Petition Consultants Carlsbad, CA 92008	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Signature Gathering	\$118,437.65	\$736,660.06

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Report covers period

Date Stamp  
3/21/2014

CALIFORNIA  
FORM **465**

from 1/1/2013

through 12/31/2013

Date of election if applicable:  
(Month, Day, Year)

6/3/2014

Page 2 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Amendment No 001

☒ **Amendment** (Explain Below)  
Amend to add an additional expense

Report No 163104 ie

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

COMMITTEE/FILER'S NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
12/27/2013	Bay Area Petition Santa Cruz, CA 95062	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Petition Circulating in Support of Initiative AG#13-0022	\$25,950.00	\$ .00
12/27/2013	Carl Schmitt Friant, CA 93626	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Petition Circulating in Support of Initiative AG#13-0022	\$13,046.50	\$ .00
12/24/2013	Discovery Petition River Pines, CA 95675	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Petition Circulating in Support of Initiative AG#13-0022	\$15,627.00	\$ .00

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Report covers period

Date Stamp  
3/21/2014

CALIFORNIA  
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 001

☒ **Amendment** (Explain Below)  
Amend to add an additional expense

from 1/1/2013

through 12/31/2013

Date of election if applicable:  
(Month, Day, Year)

6/3/2014

Page 3 of 8

For Official Use Only

Report No 163104 ie

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

## Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
12/24/2013	Goldstein Ostic & Associates Reseda, CA 91335	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Petition Circulating in Support of Initiative AG#13-0022	\$27,052.50	\$ .00
12/24/2013	Harwig and Harwig Santa Cruz, CA 95062	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Petition Circulating in Support of Initiative AG#13-0022	\$51,000.00	\$ .00
12/31/2013	Star Petition Group Pasadena, CA 91103	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Petition Circulating in Support of Initiative AG#13-0022	\$34,513.60	\$ .00

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Report covers period

Date Stamp  
3/21/2014

CALIFORNIA  
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 001

Report No 163104 ie

☒ **Amendment** (Explain Below)  
Amend to add an additional expense

from 1/1/2013

through 12/31/2013

Date of election if applicable:  
(Month, Day, Year)

6/3/2014

Page 4 of 8

For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

COMMITTEE/FILER'S NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE		SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
12/30/2013	Tyler Endsley St. Joseph, MO 64507	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Petition Circulating in Support of Initiative AG#13-0022	\$29,046.00	\$ .00
12/30/2013	Victory Consultants El Cajon, CA 92019	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Petition Circulating in Support of Initiative AG#13-0022	\$15,196.50	\$ .00
12/23/2013	Arno Petition Consultants Carlsbad, CA 92008	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Signature Gathering	\$157,309.00	\$736,660.06

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Report covers period

Date Stamp  
3/21/2014

CALIFORNIA  
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 001

Report No 163104 ie

☒ **Amendment** (Explain Below)  
Amend to add an additional expense

from 1/1/2013

through 12/31/2013

Date of election if applicable:  
(Month, Day, Year)

6/3/2014

Page 5 of 8

For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

COMMITTEE/FILER'S NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
12/19/2013	Arno Petition Consultants Carlsbad, CA 92008	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Signature Gathering	\$65,076.20	\$736,660.06
12/17/2013	Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Professional Services	\$12,647.17	\$736,660.06
11/20/2013	Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Professional Services	\$4,622.21	\$736,660.06

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Report covers period

Date Stamp  
3/21/2014

CALIFORNIA  
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 001

☒ **Amendment** (Explain Below)  
Amend to add an additional expense

from 1/1/2013

through 12/31/2013

Date of election if applicable:  
(Month, Day, Year)

6/3/2014

Page 6 of 8

For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

## Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
12/13/2013	Townsend, Raimundo, Besler & Usher, Inc. Sacramento, CA 95814	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Consulting Services	\$30,000.00	\$736,660.06
10/28/2013	Townsend, Raimundo, Besler & Usher, Inc. Sacramento, CA 95814	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Consulting Services	\$30,010.02	\$736,660.06
9/25/2013	Townsend, Raimundo, Besler & Usher, Inc. Sacramento, CA 95814	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Consulting Services	\$30,010.25	\$736,660.06

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Report covers period

Date Stamp  
3/21/2014

CALIFORNIA  
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 001

Report No 163104 ie

☒ **Amendment** (Explain Below)  
Amend to add an additional expense

from 1/1/2013

through 12/31/2013

Date of election if applicable:  
(Month, Day, Year)

6/3/2014

Page 7 of 8

For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

## Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
12/31/2013	Randle Communications Sacramento, CA 95814	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Consulting Services and Expenses	\$22,822.51	\$736,660.06
12/31/2013	Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Professional Services	\$19,145.09	\$736,660.06
12/6/2013	Hooper, Lundy & Bookman, Inc. Los Angeles, CA 90067	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Professional Services	\$1,233.00	\$736,660.06

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Report covers period

Date Stamp  
3/21/2014

CALIFORNIA  
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 001

Report No 163104 ie

☒ **Amendment** (Explain Below)  
Amend to add an additional expense

from 1/1/2013

through 12/31/2013

Date of election if applicable:  
(Month, Day, Year)

6/3/2014

Page 8 of 8

For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

COMMITTEE/FILER'S NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE		SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
12/31/2013	California Association of Hospitals and Health Systems Sacramento, CA 95814	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Professional Services	\$3,166.96	\$736,660.06
12/31/2013	Hooper, Lundy & Bookman, Inc. Los Angeles, CA 90067	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Professional Services in Support of Initiative AG#13-0022	\$3,166.96	\$0.00
12/18/2013	The Monaco Group Santa Ana, CA 92705	PETITION CIRCULATING Petition Printing	\$5,220.00	\$736,660.06



# Supplemental Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	1/1/2013	
through	12/31/2013	Page 9 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

I.D. NUMBER (If recipient com.)

880212

## 4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.).....	\$736,660.06
2. Total independent expenditures under \$100 made this period. (Not itemized.).....	\$0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)..... <b>TOTAL</b>	\$736,660.06

## 5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

Secretary of State

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95814

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

## 6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/21/2014

DATE

Executed on 3/21/2014

DATE

Executed on

DATE

Executed on

DATE

By Thomas W. Hiltachk Thomas W. Hiltachk Thomas W. Hiltachk Thomas W. Hiltachk

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Lois Suder Lois Suder Lois Suder Lois Suder

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT